حلول مصدر نيلسون mcq

PART I The Field of Pediatrics

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1. The **MOST** common cause of under-5 mortality in developing world is
   A. diarrheal disease
   B. pneumonia
   C. malaria
   D. measles
   E. neonatal disease

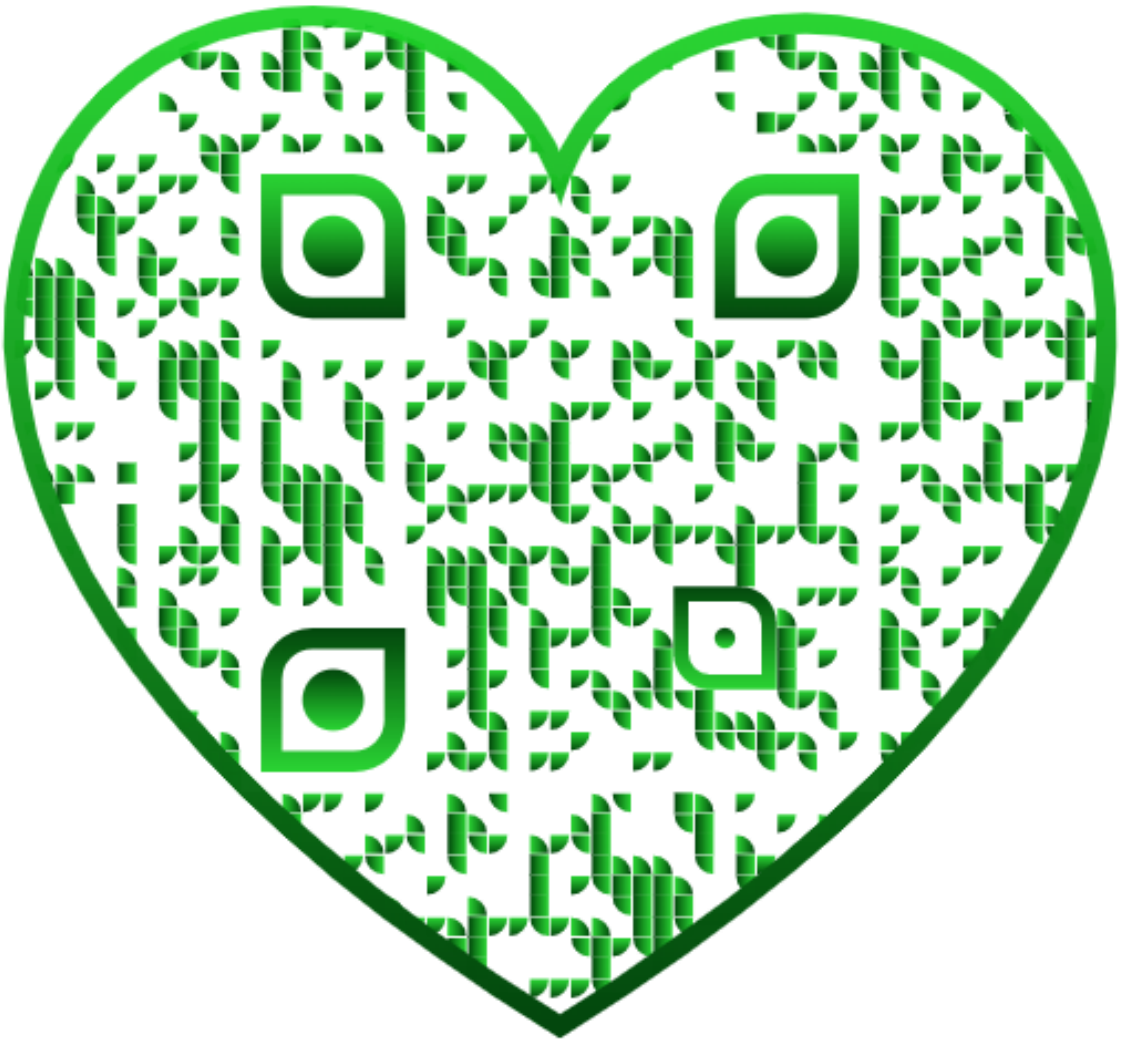
2. The **LEAST** common cause of death < 1 yr in USA is
   A. congenital malformations
   B. short gestation and low birth weight
   C. sudden infant death syndrome
   D. unintentional injuries
   E. bacterial sepsis of newborn

3. In mental retardation, all the following are true **EXCEPT**
   A. constitute 1-3% of children
   B. 80% are mild form
   C. in severe form socio-economic status is a considerable factor
   D. higher percentage in low birthweight babies
   E. fragile X chromosome is a recognized cause

4. An 8-month-old infant with confirmed diagnosis of spinal muscular atrophy type 1 referred back from tertiary care center with "DNAR" status. This means during acute illness or an emergency the child should
   A. receive standard care and adrenaline injection
   B. receive supportive care
   C. receive active resuscitation but not mechanical ventilation
   D. O_2 is not part of treatment options
   E. none of the above

5. A full term neonate with Down syndrome and esophageal atresia admitted in Pediatric intensive care unit (PICU). The parents want “no interference" approach.
Of the following, the **BEST** response is to
   A. act according to parents well
   B. arrange the operation with the surgeon
   C. work for the patient best interest

جراحه اطفال



D. give supportive care only (DANR)
E. wait for a clear legislation

6. You are resident in Pediatrics, called at midnight to attend delivery of expected baby with multiple malformations and oligohydromnias as had been reported in antenatal scan, mother in stage I labor so far.
Of the following, your **BEST** plan of action is to

A. counsel the parents that you will go for (DNAR) status
B. start your usual resuscitation waiting for your senior
C. explain that the result of antenatal scan is final
D. call your consultant or senior resident
E. apply palliative care for the coming neonate

7. A 7-year-old boy presented to the out-patient department with fever and cough, you have diagnosed him as a case of pneumonia and decided to admit and give parental therapy, the child refused.
Of the following, the **BEST** response is to

A. explain to father about dangers of omitting treatment
B. try to explain the risk to the child
C. give the chance for oral antibiotics and accept the child decision
D. inform your consultant
E. inform hospital ethical committee

8. You are treating acutely ill 6-year-old child with ascending paralysis, he eventually needs mechanical ventilation. Now you are in a situation of using the last bed in respiratory care unit (RCU).
Of the following, the **BEST** approach is to

A. try to convince the parents that, there is no use of ventilation
B. keep the bed for more treatable condition
C. try bedside ventilation
D. consider this case as potential treatable condition and use the last bed
E. contact a nearby region RCU and transfer the child

9. You are managing a 10-year-old child with spastic quadriplasia, who is globally retarded, had recurrent seizures, and severe recurrent chest infections which requires frequent admissions to respiratory care unit (RCU) and ventilation. You are trying to convince the mother about non-benefit of future RCU admissions.
All of the following statements are true **EXCEPT**

A. use an obligations of no bed availability
B. consider mother emotional status and religious believes
C. be empathetic
D. explain disease chronicity and non-response status

E. explain the suffering of child in each ventilation

10. The well-child care (anticipatory guidance) intends to promote the physical and emotional well-being of children. The tasks of each well-child visit (which usually takes 18 min time) include all the following **EXCEPT**

A. disease detection
B. disease prevention
C. treatment plans
D. health promotion
E. accident prevention

11. After the first year of life, the **MOST** common cause of death in children is mainly

A. none-accidental injuries
B. burn
C. drowning
D. accidents
E. war

12. The **MOST** successful injury prevention strategy is

A. car seats
B. water safety
C. changing in product design
D. poison prevention
E. fall prevention

13. Around 44,000-98,000 patients die in U.S. hospitals each year because of preventable medical errors, these figures can be reduced if adapting an emerging new science of Quality Improvement (QI).
The **TRUE** figure of children receive recommended health care in USA is about

A. 16%
B. 26%
C. 36%
D. 46%
E. 80%

14. Patient culture can change the doctor treatment options and even the way of behavior with the patient.
All the following culture values are expected if he is dealing with Muslim patients **EXCEPT**

A. fasting during Ramadan month
B. modesty and female body cover
C. forbiddance of touch and shake hands of opposite sex

D. routine postmortem exam
E. patriarchal way of decision making

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«إن الله -تعالى- قد يُنزلُ البرَكةَ للإنسان في وقتِه بِحَيْثُ يفعلُ في الوقت القصير ما لا يُفعلُ في الوقت الكثيـــــــــــــر! ومِن أعظمِ ما يُعينُك:
أنْ تستعِينَ بالله -عز وجل- في جميع أفعالك،
بأنْ تجعلَ أفعالك مقرونةً بالاستعانة بالله حتى لا تُوكَلَ إلى نفْسِك؛ لأنك إنْ وُكِلْتَ إلى نفْسِك وُكِلْتَ إلى: ضعفٍ وعجزٍ!».

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ANSWERS
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1.**(E).** Causes of under-5 mortality differ markedly between developed and developing nations. In developing countries, 66% of all deaths resulted from infectious and parasitic diseases. Among the 42 countries having 90% of childhood deaths, diarrheal disease accounted for 22% of deaths, pneumonia 21%, malaria 9%, AIDS 3%, and measles 1%. Neonatal causes contributed to 33% of the total death but 24% of deaths are caused by severe infections and 7% by tetanus.
2.**(E).** Bacterial sepsis constitutes only 2%. Other distracters are arranged from common to least common.
3.**(C).** In severe form of mental retardation the socio-economic factor is not effective parameter while in mild forms it plays a role.
4.**(B).** DNAR status is a statement issued by medical ethical group (which is a group of consultants) regarding certain untreatable medical illnesses, it means do not attempt active resuscitation, so all supportive care, medications, and O2 are allowed, adrenaline is a medication used in active resuscitation.
5.**(C).** Pediatrician is a child advocate; he must take decision always to the "best interest" of the child that what is called beneficent paternalism in pediatrics which is the obligation to act in a younger child's best interest that takes moral precedence over the wishes of the child's parent(s), so in such a scenario arrangement with the surgeon to do the operation and calling the local hospital committee to protect the child is the best choice but this action is still need legislation in the third world. In a such situation the Pediatrician must explain the benefit of treatment to the parents (baby best interest) trying best efforts to save the baby keeping in mind Down syndrome babies are not DNAR status.
6.**(D).** In such situation when you have time (mother still in stage I labor), the best response is to call your direct senior resident or consultant then explain the result of antenatal scan trying to put the parents in the expected situation. Starting the usual resuscitation is the best choice when there is no time and the baby arrived. The decision of (DNAR) should be made by the ethical hospital committee or supervising consultant and should be powered by national legislations.
7.**(C).** In older children and in noncritical situation the principle of the "child assent"which means the child voice must be heard should be applied. In this scenario, the situation is mild and the child non acceptance of injectable medication should be respected. It is still in critical situation or more acute illness the child best interest should be sought and it may be against his well.
8.**(D).** It is clear in this scenario that the child suffers potentially treatable condition. In this situation use the best resources and the best care. The choices of (A&B) are

definitely non ethical. Other choices are optional when there is no bed is available in RCU taking the best interest for the patient in consideration.

9.**(A).** In such difficult situation (chronic disabling illnesses) and the child in vegetative state; use the approach from B to E steps and allow the final decision to the parents especially if you are not covered with clear legislations.

10.**(C).** This is a well child visit; treatment plans are not included here.

11.**(D).** The most common cause of death in children beyond the first few months of life is injuries which includes road traffic accidents and other none-intentional injuries, with up to 50-60% of total causes of death.

12.**(C).** The most successful injury-prevention strategies generally are those involving changes in product design. Such as making more secure cars, more suitable car seats …etc.

13.**(D).**

14.**(D).** All the above values are expected from Muslim culture, except submitting the dead body for routine postmortem exam. The value (E) means the way of decision making is usually left to older person in the family.